



EXPRESS SCRIPTS®

February 25, 2015

Sheila Buckingham & C/O Alexa & Evan
5325 WATERBRIDGE DR.
NORTH ROYALTON, OH 44133
Dear Ms. Buckingham,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on behalf of Alexa Buckingham, Evan Buckingham and yourself for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Eich'.

Thomas Eich
Investigator
Express Scripts, Inc
Enclosure

1. Have you ever had a prescription filled at OMNI ONE MED PHARMACY?	<i>Yes</i>				
PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO
301436	10/23/2014	COMPOUND	\$ 16,620.87	<i>Yes</i>	<i>Yes</i>
301436	10/29/2014	COMPOUND	\$ 16,833.87	<i>Yes</i>	<i>Yes</i>
301435	10/23/2014	COMPOUND	\$ 16,620.87	<i>Yes</i>	<i>Yes</i>
301435	10/29/2014	COMPOUND	\$ 16,833.87	<i>Yes</i>	<i>Yes</i>
301432	10/23/2014	COMPOUND	\$ 16,620.87	<i>Yes</i>	<i>Yes</i>
301432	10/29/2014	COMPOUND	\$ 16,833.87	<i>Yes</i>	<i>Yes</i>
2. How did you obtain the prescription(s)?					
<input checked="" type="checkbox"/> <i>Pharmacy to me, in Dr's</i> <input type="checkbox"/> <i>Mail</i> <input type="checkbox"/> <i>Hand-delivered</i> <input type="checkbox"/> <i>Picked up</i>					
3. How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)					
<i>Dr.</i>					
4. Are you still receiving prescriptions/packages?					
<i>No</i>					

5. Did you ever talk to the pharmacy?	Yes, per other medications/co-pays
6. This(ese) claims were authorized by REDKO, VLADIMIR MD. Have you ever received treatment from this prescriber?	Yes

(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY)
COMMENTS:

GX219.003

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DOJ_18CR368-0078172-3